

TUBERCULOSIS - COMPLIANCE REQUIREMENTS

-- Linfield School of Nursing --

Prior to attending clinicals, students and faculty must provide proof of a negative TB test by submitting one of the two options below:

- 1) Negative 2-Step PPD, where PPD Step 2's Implant Date is within 7-21 days of PPD Step 1 Implant Date
- 2) Negative Initial QuantiFERON TB Test / T-Spot

NOTE: For students or faculty who test positive for Tuberculin exposure, you must submit all of the below:

- 1) Negative Chest X-Ray, which expires every 5 years.
- 2) TB Screening Review, due annually.

TUBERCULOSIS SCREENING & SYMPTOMS REVIEW FORM

NAME :

LAST

FIRST

MI

DOB

RISK FACTORS: Do you have any of the following risk factors? ___ YES ___ NO

- * Diabetes Mellitus (poorly controlled)
- * Excessive alcohol intake
- * HIV+
- * Immunosuppressive therapy
- * Silicosis
- * Gastrectomy
- * Low body weight
- * Infected with M. tuberculosis within the past 2 years
- * Close contact to case of active pulmonary TB within the past 2 years

Have you ever received the BCG (Bacille Calmette-guerin Vaccine)?

___ YES: If yes, what year did you received the BCG Vaccine? _____

___ NO

Have you ever been diagnosed with active Tuberculosis (TB) disease?

___ YES: If yes, what year were you diagnosed? _____

___ NO

TB SYMPTOMS REVIEW:

- * Productive cough of three or more weeks? ___ YES ___ NO
- * Night sweats? ___ YES ___ NO
- * Unexplained fatigue? ___ YES ___ NO
- * Fever (often occurs in the afternoon)? ___ YES ___ NO

SIGNATURE: _____

DATE: _____